

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                        |   |               |
|---|------------------------|---|---------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).)</i>                                     |                        | Docket Number (Optional)<br>G0126.0213      |               |
| Application Number  | 09/980,275-Conf. #3300 | Filed                                       | May 16, 2002  |
| For <b>DEVICE, METHOD, AND PROGRAM FOR ENCODING/DECODING OF SPEECH WITH FUNCTION OF ENCODING SILENT PERIOD</b>  |                        |   |               |
| Art Unit  | 2626                   | Examiner                                    | J. S. Wozniak |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                        |   |               |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                        |   |               |
|   | <u>Fee</u>             | <u>Small Entity Fee</u>                     |               |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130                  | \$65  | \$ _____      |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490                  | \$245                                       | \$ *360.00    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                 | \$555                                       | \$ _____      |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                 | \$865                                       | \$ _____      |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                 | \$1175                                      | \$ _____      |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                        |   |               |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                        |   |               |
| <input checked="" type="checkbox"/> Payment by credit card. <b>(*\$360.00 only because \$130.00 was previously paid on 3/12/09).</b>  |                        |   |               |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                        |   |               |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2215</u> .                 |                        |   |               |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.</b>               |                        |   |               |
| I am the <input type="checkbox"/> applicant/inventor.   |                        |   |               |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                        |   |               |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>34,425</u>  |                        |   |               |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |                        |   |               |
| Registration number if acting under 37 CFR 1.34 _____   |                        |   |               |
| _____<br>/Michael J. Scheer/<br>Signature   |                        | _____<br>April 13, 2009<br>Date             |               |
| _____<br>Michael J. Scheer<br>Typed or printed name   |                        | _____<br>(310) 772-8364<br>Telephone Number |               |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                        |   |               |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                        |   |               |